

## NANCY FARMER, MISSOURI STATE TREASURER MISSOURI FIRST LINKED DEPOSIT MULTI-FAMILY HOUSING DEPOSIT APPLICATION

TO: Missouri Treasurer Nancy Farmer (This section to be completed by lender)

	,	Treasurer's AssignedNumber:		
Lending Institution:				
Contact Name:		County:		
Address:(Street)	(City)	(State)	(ZIP)	
Phone Number:()	FA2	X INUMBET: ()		
Total equity capital or adjusted net wor	th: \$			
Amount requested for this deposit: \$				
Name of housing owner/developer to re	ceive linked deposit	loan:		
Date funds are requested:		Renewal of existing deposit? Yes	No	
(Correspondent bank to be utili	zed)	(your account numbe	 er)	
RATE CERTIFICATION:		•	•	
on a three year fixed rate loan to this be in an amount equal to the loan, at a distate deposits, the lending institution he expressed as an actual interest redeposit.) The lending institution furth significantly reduced (by \$100,000 on \$500,000) prior to the maturity date of of a deposit held for any period when lending institution also acknowledges 30.767, Revised Statutes of Missouri, access to any documentation related compliance auditing purposes. I cerprogram as contained in the policy materials.	deposit rate up to the dereby agrees to make ate or spread. Rather agrees to notify any deposit up to \$25 the deposit and agrees that it is bound to and specifically ago to this deposit actify that I have rea	ree percent below the usual ree this loan at the rate oftes will be determined prior the State Treasurer if the logo,000 or by 25% of any depes to pay the usual market reponding linked deposit loan by the provisions of sections arees to provide or allow the nd the corresponding loan,	rate applicable to%. (Rate may to placement of pan is paid off or posit greater than ate on any portion outstanding. The s 30.750 through e State Treasurer (s) necessary for	
FOR LENDING INSTITUTION:	_	(Type or print name of	of signatory)	
		(Signature)		
Attest:				
		(Title)	(Date)	
(Cashier or Secretary)				

## **Attested by Lending Institution:**

After undertaking appropriate review of the claims made in this application, on behalf of the lending institution I find and certify that the applicant is eligible to participate in the MISSOURI FIRST Linked Deposit Program. If the lending institution receives any information during the deposit period which reasonably causes it to question the continued validity of any of the applicant's claims, it will immediately notify the State Treasurer. If requested by the State Treasurer, the lending institution will undertake the appropriate review and prepare a new certificate of eligibility for the applicant. The lending institution attests that it has no knowledge of any adverse information which would be material to the State Treasurer in determining whether the applicant is an appropriate participant in the MISSOURI FIRST Linked Deposit Program and the lending institution further agrees to immediately notify the State Treasurer if it becomes aware of any such information during the deposit period or a reasonable time thereafter. The lending institution attests that the loan agreement for this linked deposit loan will specify that the borrower must use the loan proceeds in the manner prescribed by sections 30.750 through 30.850 of the Revised Statutes of Missouri, and should the borrower fail to do so, the loan agreement will state, and the lending institution will require, that the remaining proceeds will be immediately returned to the lending institution and any proceeds used will be repaid to the lending institution as soon as practicable. The lending institution acknowledges and agrees that if, at any time during the deposit period, the borrower fails to maintain full eligibility for the MISSOURI FIRST Linked Deposit Program consistent with this application, as determined by the State Treasurer, the state will receive market interest rates on the deposit portion of the linked deposit loan, or any applicable portion thereof, for any period of time during which the borrower failed to maintain such eligibility. The lending institution further acknowledges and agrees that, in such cases, and when deemed appropriate by the State Treasurer, the lending institution will be required to remit additional interest (up to market interest rates) to the State Treasurer after expiration of the deposit period.

(Lender's Signature)	(Title)	(Date)

## Americans with Disabilities Act (ADA) Notice

No qualified individual with a disability shall, by reason of such disability, be excluded from participation in or be denied the benefits of the services, programs or activities of the Treasurer of Missouri, or be subjected to discrimination by the Treasurer of Missouri. Any applicant for the MISSOURI FIRST Linked Deposit program who needs special accommodations (e.g., documents prepared in an alternative format or special telecommunications assistance) should request such accommodations from the Treasurer. For more information about such services, contact the Investments Department at 573-751-8530.